

# CLINICAL OUTREACH

## OUTREACH REFERENCE MANUAL



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# INTRODUCTION

Clinical outreach is defined as the coordination and provision of clinical services in an outreach setting. It aims to bring primary health care directly to communities that may otherwise face barriers in seeking and accessing care at fixed health center sites. In essence, clinical outreach is an approach to meet individuals and communities where they are and to extend care in settings that best fit their needs and the context of their lives.

## About the Chapter

The purpose of this chapter is to support health centers by providing a practical framework and guidance on undertaking clinical outreach efforts. It explores the different facets of clinical outreach and how it can be planned and implemented. The first section provides a foundation for and basic understanding of clinical outreach. The second section will help you determine if clinical outreach is needed for your community and feasible for your health center. The final section details the various elements needed to plan and implement your clinical outreach efforts. Whether your health center is starting from scratch with clinical outreach or looking to strengthen or expand your existing efforts, this chapter serves as a comprehensive resource for your organization.



This chapter of the Outreach Reference Manual is based on the Person-Focused Guideline: Clinical Outreach of HOP’s National Outreach Guidelines for Underserved Populations. The guideline states, “The Outreach Program will coordinate and participate in clinical outreach to meet the basic health needs of underserved populations.” Your health center can include clinical outreach as part of an effective outreach plan by incorporating the following strategies:

- **Gathering relevant health information:** This will help target your outreach and might include cultural aspects, occupation, environment, living conditions, behaviors, and migration patterns.
- **Working with partners and clinicians:** Organize outreach activities where clinical services can be provided. Coordinate with clinicians to provide these services.
- **Providing supportive services:** With proper training, outreach workers may be able to assist clinicians in providing basic health screenings and preventative care.
- **Following-up:** When needed, help coordinate follow-up care to those served via clinical outreach.

## NATIONAL OUTREACH GUIDELINES FOR UNDERSERVED POPULATIONS

The Outreach Reference Manual uses Health Outreach Partners’ National Outreach Guidelines as a key framework. The ten guidelines and accompanying strategies are intended to provide direction on using outreach most effectively to increase access to and utilization of comprehensive primary health care services in underserved communities. See “The National Outreach Guidelines” in the Appendix to learn more.

## HOW CAN HOP ASSIST YOU FURTHER?

If you would like further assistance with designing, planning, improving, or expanding your clinical outreach services, please visit [www.outreach-partners.org](http://www.outreach-partners.org) and click on “contact us.” Specifically, HOP can help you:

- Develop goals and objectives for clinical outreach
- Create a work plan for your clinical outreach activities
- Focus activities to align with broader health center goals
- Plan or conduct a community health needs assessment
- Train staff on cultural competence
- Create a clinical outreach evaluation plan
- Determine how to use your clinical outreach evaluation findings



**HOP Tip:** “HOP Tips” are a key feature of the Outreach Reference Manual. They are indicated by a light bulb and are brief implementation tips that point out additional resources or provide suggestions.

# 1. WHAT IS CLINICAL OUTREACH?

*Those most in need of services are least able to navigate it and have a low threshold of frustrations. We need to reduce the number of hoops people have to jump through and try to accommodate as much as we can.*

- John Gilvar, King County Mobile Medical Care Program

A key principle of the health center program is to provide access to care for underserved communities. Clinical outreach reflects this principle by bringing health services directly to those that need them the most. It is an innovative approach that works to reduce or eliminate some barriers to care by meeting people where they are. Further, it recognizes that not everyone can or wants to go to a fixed health center site to seek care.

## DEFINITION

Health Outreach Partners (HOP) defines clinical outreach as the provision of clinical services in an outreach setting. In other words, clinical outreach means that a coordinated care team conducts clinical activities outside of the health center walls and brings these services directly to the community. HOP uses “clinical outreach” as a broad term, which encompasses other terms such as “backpack medicine,” “street medicine,” “mobile medical care,” “mobile clinic or van,” or any other type of clinical outreach.

## CLINICAL OUTREACH SPOTLIGHT

### Using Patient-Centered Mobile Health Care to Serve Chronically Homeless Individuals

Public Health – Seattle & King County uses a Mobile Medical Program to connect unsheltered and chronically homeless individuals to medical, dental, and mental health services. Through the mobile program, Public Health provides patient-centered and integrated care that caters to their clients’ specific needs. The program serves around 500 clients each year. About 70% of them are uninsured.

Each month, the Mobile Medical Program holds between 12 to 15 medical clinics and 5 dental clinics at free meal programs throughout South King County. Each clinic lasts around four hours, and all services are free with no insurance required to receive services. In addition, no scheduled appointments are required, and services are provided on a walk-up basis. In addition to basic medical and dental services, the van staff also provides case management and helps link patients to a variety of health and social service agencies in the local area.

The mobile medical unit is staffed by:

- a physician
- a registered nurse (RN)
- a medical benefits navigator who provides case management
- an outreach worker who also drives the van
- a psychiatric social worker

The mobile dental unit is staffed by:

- A dentist
- A dental assistant who also drives the van

For more detailed information, please visit the Innovative Outreach Practices page on HOP’s website, [www.outreach-partners.org](http://www.outreach-partners.org)

## PURPOSE

The purpose of clinical outreach is to extend clinical services in an environment that is familiar and accessible for those who face barriers in seeking or following-up on their care. Clinical outreach seeks to address many of the most common barriers facing underserved populations, including limited or lack of transportation, lack of familiarity with the health system, and prioritization of day-to-day survival over health maintenance. Further, many clinical outreach efforts minimize the barriers of high cost or lack of health insurance by offering services for free or at very low rates.

## WHOM DOES IT SERVE?

*It really makes a difference bringing it into the community, because once they've seen you around, they have no problem jumping on board.*

- Dr. Marcia Pugh, Healthcare on Wheels

Certain populations may benefit more than others from clinical outreach. People who are the least likely to visit health centers often have a more acute need for primary and preventive care services, and they are usually the most underserved and the hardest to reach. In fact, the term “hard to reach” can be frowned upon as critics of the term would argue that it implies providers have an excuse for why some people have better access to care than others, instead of addressing why they are hard to reach. Clinical outreach seeks to directly address this.

Keep in mind that clinical outreach requires a great deal of resources and staff hours, so it is important to be specific about whom you serve and why a clinical outreach model is worth developing. Some of those who may benefit most from clinical outreach are:

- Migratory agricultural workers
- Rural populations
- Mobile populations
- Seniors
- People experiencing homelessness
- Sex workers
- People living in shelters or transitional housing



**HOP Tip:** Funding mobile health clinics or vans can sometimes require you to think outside of the box. Tombigbee Healthcare Authority’s Healthcare on Wheels program used a USDA construction grant to “build” a mobile health unit on wheels. The program reaches patients in six counties in west Alabama, particularly African-American seniors living in rural areas. To learn more, visit Tombigbee Healthcare Authority: [www.bwwmh.com](http://www.bwwmh.com).

For more information about mobile medical services, visit:

Mobile Health Clinics Association: [www.mobilehca.org](http://www.mobilehca.org)

Mobile Health Map: [www.mobilehealthmap.org/index.php](http://www.mobilehealthmap.org/index.php)

HOP’s Webinar on Transportation Models: [www.youtu.be/jV\\_2z8qaur4](http://www.youtu.be/jV_2z8qaur4)

## CLINICAL OUTREACH SPOTLIGHT

### Street Medicine Pioneers Grassroots Clinical Outreach

Street Medicine is “the provision of medical care directly to those living and sleeping on the streets through mobile services such as walking teams, medical vans, and outdoor clinics.” It is a way to provide high-level medical care to a population that faces countless barriers in caring for their health. The Street Medicine Institute offers services directly where their patients live, providing cost-effective, compassionate care in a comfortable and trusted setting.

The idea was piloted in 1992 by Dr. Jim Withers, who not only treated people experiencing homelessness in the streets of Pittsburgh, PA, but took great time understanding the context in which they lived in order to provide the most comprehensive care possible. The current model of Street Medicine is based on meeting people “in their own reality” and is now established in over 80 communities worldwide. The Street Medicine Institute is the global home of Street Medicine and serves communities that would like to establish their own programs and learn from this unique health care delivery model.

For more information, visit: [www.streetmedicine.org](http://www.streetmedicine.org).

## BENEFITS OF CLINICAL OUTREACH

Clinical outreach may be the only way in which certain individuals or communities are able to access care or be seen by a medical professional. It can be an effective way for health centers to expand access to their services, increase efficiency, and strengthen their delivery of integrated care.

### Benefits for Your Priority Population<sup>1</sup>

- **Facilitating access for mobile populations:** For mobile populations, such as migratory workers or those experiencing homelessness, public benefits are often not portable and criteria to qualify often change from state to state. As these individuals move from place to place, identifying the types of resources available in their new location can be challenging. By bringing services to where they are, clinical outreach gives opportunities to access care while minimizing the confusion of navigating the health system.
- **Addressing transportation needs:** The lack of adequate public transportation options and the cost of transportation serve as barriers to care. For those living in rural areas, the time and distance required to get to the health center may prevent them from going. Clinical outreach eases the burden of transportation challenges and allows for patients to access services easily.
- **Promoting a welcoming care setting:** For those who are unfamiliar with the health system, going to a health center can be an intimidating process. Issues such as limited English proficiency, lack of documentation, and lack of health insurance can contribute to this discomfort and lack of trust. Clinical outreach addresses these barriers by ensuring culturally competent care in a setting which may be less intimidating to the patient. This is a great opportunity to expose communities to your health center and may cause them to be more open to receive and follow-up on care in the future.

<sup>1</sup> In this chapter, the term ‘priority population’ is used to refer to the group(s) outreach seeks to serve. Priority populations are often underserved and face social, economic, and cultural barriers to accessing health and social services. They may include, but are not limited to, low-income populations, the uninsured, immigrants, those with limited English proficiency (LEP), agricultural workers and dependents, individuals and families experiencing homelessness, the lesbian, gay, bisexual, transgender and queer (LGBTQ) community, those living in public housing, Asian American & Native Hawaiians and Other Pacific Islanders (AA&NHOP), veterans, seniors, children in schools, and people with disabilities.

- **Providing affordable care:** The cost of health care is often a major barrier for underserved communities. Some health centers offer clinical outreach services for free or at very low cost. It is also an opportunity for health centers to educate the community about low cost care, including the sliding fee scale.
- **Facilitating continuity of care:** Seeking follow-up care is often challenging for many patients. Ongoing clinical outreach can be a way to provide follow-up care outside of the health center. It can increase the chances that patients receive necessary treatments and can be an opportunity to make appointments for specialty care. Also, a clinical outreach team representing different departments and fields provides patients with opportunities to access other health and social services.

### Benefits for Your Health Center

- **Expanding reach to all underserved communities:** The mission of health centers is to provide care to underserved populations; yet, it is still challenging to reach all those in need of care. By bringing services directly to those who cannot access care at your health center, clinical outreach can expand the numbers of patients your health center serves.
- **Promoting Patient-Centered Medical Home (PCMH):** The Patient-Centered Medical Home (PCMH) model focuses on team-based, coordinated care. PCMH starts outside of the health center setting, where outreach lays the groundwork for reaching people and establishing trust. Further, the coordinated care team is at the core of clinical outreach, and, through this team, staff can address patients' other health and social needs.
- **Improving clinical performance measures:** Health centers are expected to ensure the provision of quality health services. In an effort to manage and improve quality, health centers set goals for each measure.<sup>1</sup> As a starting point for clinical outreach, health centers can look at their clinical core measures, identify the areas where improvement is needed, and direct their clinical outreach efforts to address those gaps.
- **Building trusting relationships:** Bringing services to communities and collaborating with community partners is an important way to build trust between your health center and those you serve. This includes trust in the health system, trust in your organization, and trust in the specific clinicians, outreach workers, and other staff who provide care.
- **Advancing clinical efficiency:** Care coordination can help to improve clinical efficiency, which is the relationship between a specific level of the quality of health care provided and the resources used to provide that care.<sup>2</sup> Including outreach workers as part of your clinical model allows your clinicians to work at the top of their license<sup>3</sup> and spend more time on visits that require their specific expertise.



**HOP Tip:** Demonstrating the impact of outreach programs and services for health center revenues is not well documented or understood. HOP's Outreach Business Value (OBV) strategic framework and toolkit can help to make the financial case for outreach. The OBV includes calculators that look at a number of variables relevant to health centers in order to calculate the potential financial benefit achievable through outreach in specific areas, such as clinical efficiency.

For more information, see the OBV Strategic Framework in the Appendix. To learn more about the project and to request access to the framework and toolkit, visit: [www.outreach-partners.org/tools/clients/about/](http://www.outreach-partners.org/tools/clients/about/).

<sup>1</sup> HRSA-funded health centers are expected to report on quality-related performance measures referred to as Clinical and Financial Performance Measures. Web site accessed December 19, 2014: <http://bphc.hrsa.gov/policiesregulations/performance/performancemeasures/>

<sup>2</sup> National Quality Measures Clearinghouse. Agency for Healthcare Research and Quality. Website accessed February 13, 2015: <http://www.qualitymeasures.ahrq.gov/tutorial/varieties.aspx>

<sup>3</sup> The Institute of Medicine encourages nurses to practice at the "full extent of their education and training." To read more about the advantages of pursuing this concept, see the full report entitled "The Future of Nursing: Leading Change, Advancing Health." Website accessed December 18, 2014: <http://www.iom.edu/Reports/2010/the-future-of-nursing-leading-change-advancing-health.aspx>

## 2. ASSESSING THE NEED FOR CLINICAL OUTREACH

Clinical outreach is most effective when it is grounded in the needs of the community. Clearly identifying the main reasons for conducting clinical outreach can serve as the first step in planning and will help to inform the approach that your health center uses.

To help decide whether to provide clinical services in an outreach setting, start by answering some key questions in the worksheet below. Answering these questions can help you stay focused on what your health center wants to achieve and how that can be accomplished. Consider referring back to these questions and responses as you move forward in the planning and implementation of your clinical outreach efforts.

### WORKSHEET: Deciding Whether to do Clinical Outreach

KEY QUESTIONS	
<b>Step 1: Answer these questions to provide a basis for determining whether to conduct clinical outreach.</b>	
1. Are there community members who cannot or will not access care at our health center? If yes, who are they?	
2. For those who are not accessing care, what are the main barriers they face?	
3. How will providing clinical services in an outreach setting address the health needs of the community?	
4. What types of data do we have to support the need for clinical outreach?	
5. What are the benefits of clinical outreach for our health center?	
6. What are some potential challenges? Are there specific liability issues that will need to be addressed?	
7. What needs to be done to mitigate any anticipated risks associated with clinical outreach?	
8. How will clinical outreach help to meet our clinical performance goals?	
9. What types of resources, if any, are available for clinical outreach?	

<b>Step 2: Based on your responses in Step 1, answer these questions.</b>		
	<b>YES</b>	<b>NO</b>
Is there a need for clinical outreach in our community?	<input type="checkbox"/>	<input type="checkbox"/>
Will providing clinical outreach reduce or eliminate barriers to care?	<input type="checkbox"/>	<input type="checkbox"/>
Will conducting clinical outreach help us meet certain clinical performance goals?	<input type="checkbox"/>	<input type="checkbox"/>
Based on our resources, is clinical outreach feasible for our health center?	<input type="checkbox"/>	<input type="checkbox"/>

If you determine that clinical outreach can be effective and feasible for your health center, identifying the health needs of your community will be an important next step.

## IDENTIFYING THE NEEDS OF YOUR COMMUNITY

There are a number of ways to identify the needs and barriers to care faced by underserved communities. Gathering information about the health needs of your community does not necessarily require new and extensive data collection efforts.<sup>1</sup> Rather, utilizing existing resources can provide a wealth of information, such as the data already gathered by your health center. Generating reports from your electronic medical or health records (EMR or EHR) is a way to create a health profile about specific populations, such as people experiencing homelessness or migratory agricultural workers. However, it is important to keep in mind that your health center’s electronic records may not provide a full picture about the community, especially because it is not documenting information about non-patients. Therefore, data gathered through outreach can help to fill this gap and is a valuable resource, since outreach encounters often occur with both patients and non-patients.

Consider utilizing your outreach encounter forms to collect information about health and social service needs, barriers to care, or other services needed. See the sample needs questions below. Document feedback from conversations or observations of community members during outreach activities. Most importantly, remember that outreach provides the opportunity to observe and learn directly from the communities you serve, as well as from the individuals and organizations that serve them. Your existing outreach efforts can help to identify the groups most in need of clinical outreach and the type of services to provide.

### SAMPLE NEEDS QUESTIONS FOR OUTREACH ENCOUNTER FORMS

- When was the last time you saw a doctor?
- What are some reasons why you have not seen a doctor?
- What are your problems or immediate needs? (i.e., food, clothing, housing, other)
- What type of health information do you want?
- What do you need help with today? (i.e., making an appointment, health education information, transportation, interpretation, other resources)
- If the doctor came to see you, where would be the best place to find you?

<sup>1</sup> Solo, Julie. Expanding Contraceptive Choice to the Underserved through Mobile Outreach Service Delivery: A Handbook for Program Planners. Accessed on January 15, 2015. [https://www.k4health.org/sites/default/files/expanding\\_contraceptive\\_choice.pdf](https://www.k4health.org/sites/default/files/expanding_contraceptive_choice.pdf)

Existing data can also be found outside of your health center in community health needs assessments, local demographic health surveys, or data mapping sources, such as the Uniform Data System (UDS) Mapper or other Geographic Information System (GIS) Data. Further, counterpart agencies or organizations, such as free clinics, Head Start programs, or housing, behavioral health, or food assistance agencies, may be able to provide data or relevant information about specific populations.



**HOP Tip:** Conducting a formal community health needs assessment can help identify and document the health needs of the community. The needs assessment can include methods such as focus groups, surveys, and individual interviews that get information directly from your priority population(s). Reviewing any past needs assessment reports can be a good starting point. For more information, check out HOP's Community Health Needs Assessment Toolkit on HOP's website, [www.outreach-partners.org](http://www.outreach-partners.org)

## CLINICAL OUTREACH SPOTLIGHT

### Integrated Clinical Outreach Model Includes Oral Health Services

Clínica de Salud del Valle de Salinas (Clínica de Salud) developed an integrated clinical outreach model after a county community health survey identified dental health services as a significant need of agricultural workers in Salinas, CA. Through this expanded clinical outreach model, agricultural workers and their families receive much-needed oral health care in addition to other preventive health services in the fields, at schools, and during community events. Three full-time outreach staff consisting of the outreach coordinator, a medical assistant, and a dental assistant provide health education classes, chronic disease management, oral health screenings, and vaccinations in outreach settings. They also schedule follow-up appointments at the health center. The outreach coordinator coordinates with local employers, schools, and other community organizations to schedule outreach events. The coordinator sometimes attends larger events to help manage them. When needed, other clinic-based staff members who have experience conducting outreach assist.

Clínica de Salud had learned that the younger agricultural workers have many barriers to oral health, including a lack of awareness about the importance of dental care and the cost of services. By adding oral health education and free dental screenings to their other clinical outreach activities, the program has been able to provide more oral health services to more patients and promote the health center's services in the community.

For more detailed information, please see HOP's 10 Years of Innovative Practices: A Collection of Strategies from the Field ([www.outreach-partners.org](http://www.outreach-partners.org)), page 8.

# 3. DESIGNING YOUR CLINICAL OUTREACH

Now that your health center has determined the need for clinical outreach, it is time to start deciding on your approach and how to put it into action. The following are the various areas for consideration as you plan and implement clinical outreach. Please keep in mind that this is not an exhaustive list; rather, your clinical outreach efforts can be customized according to the context and resources of your health center. Additionally, it will be important to engage both your quality improvement coordinator and your risk manager during the initial planning stages for clinical outreach.

## DETERMINING THE TYPES OF SERVICES TO PROVIDE

Having identified the needs of the community, determine the types of services that will be provided through clinical outreach. Services can include the following:

- Primary care services
- Dental services
- Basic health screenings
- Gynecological services
- Laboratory services
- Immunizations
- Behavioral health services
- Case management
- Ordering or providing medications

## DETERMINING YOUR SERVICE DELIVERY MODEL

Clinical outreach can encompass a spectrum of service delivery models.<sup>1,2</sup> See the table of Service Delivery Models below. Using one model or a combination of approaches can apply.

### Clinical Outreach: Service Delivery Models

Approach	Description	Considerations
#1: Provide basic health services at health fairs or other community events	Clinical services are provided periodically throughout the year at various scheduled events in the community. This does not necessarily rely on a fixed schedule. Members of the clinical outreach team can rotate, depending on availability.	<ul style="list-style-type: none"> <li>• Maintaining the privacy of patients while providing services in a public space</li> <li>• Keeping track of outreach encounters and of health information</li> <li>• Creating strategies to identify those served during outreach who would benefit from follow-up care</li> </ul>

1 Post P. Mobile Health Care for the Homeless People: Using Vehicles to Extend Care 81 pages (39 pages without Appendices). Nashville: National Health Care for the Homeless Council, Inc., 2007. Accessed on December 10, 2014. <http://www.nhchc.org/wp-content/uploads/2012/02/mobilehealth.pdf>.

2 Health Outreach Partners. Outreach Reference Manual, Chapter 2: Maximizing Your Resources. Telemedicine. 2009.

<p><b>#2:</b> Provide basic health services via outreach by vehicle or foot</p>	<p>The clinical outreach team seeks out specific communities in areas where they are known to live or congregate. For those who conduct outreach by foot, referred to as backpack medicine or street medicine, materials and supplies are carried on the team into communities. For those who conduct outreach by vehicle, sometimes referred to as mobile outreach or roving outreach, the team drives around designated areas and provides services either from or outside the vehicle. The areas to visit may be previously identified or may vary depending on need or other circumstances.</p>	<ul style="list-style-type: none"> <li>• Possibly limiting the types of clinical services that can be provided, based on location, event, and health center resources</li> <li>• Developing safety protocols to ensure the security of your team, patients, and supplies and equipment in outreach settings</li> <li>• Maintaining the privacy of patients while providing services in a public space</li> <li>• Keeping track of outreach encounters and of health information</li> </ul>
<p><b>#3:</b> Clinical services provided at non-health center fixed sites</p>	<p>Clinical outreach occurs at scheduled, fixed sites (i.e., schools, shelters). Services can be delivered solely on a mobile health unit, at a designated space at the fixed site, or through a combination of both methods.</p>	<ul style="list-style-type: none"> <li>• Maintaining the privacy of patients when on the mobile unit or in a public space</li> <li>• Establishing partnerships with organizations and sites to conduct clinical outreach</li> <li>• Employing telehealth when there is a need for specialty services</li> </ul>
<p><b>#4:</b> Clinical services provided on mobile health units</p>	<p>A fully-equipped mobile health unit is used to provide clinical services. These may be custom-built vehicles or can also be created by converting vans, buses, trailers, or RVs. A mobile unit often has a regular schedule of locations to visit during the week or month, but may also be used spontaneously as the need arises.</p>	<ul style="list-style-type: none"> <li>• Maintaining the privacy of patients on the mobile health unit</li> <li>• Identifying locations to conduct clinical outreach; may require establishing partnerships with the proprietors of specific areas</li> <li>• Employing telehealth when there is a need for specialty services</li> </ul>

Identifying the possible locations where you can conduct outreach is an important next step. Locations can include non-health center fixed sites such as migrant camps, housing units, homeless encampments, shelters, food banks, churches, schools, worksites, or other key places that are frequented by the communities you want to reach.

 **HOP Tip:** Community mapping can be a useful tool to gather information and tells a story about a community. It visually lays out important places where members of your community work, live, and spend time. It also identifies the locations of health and social services in the community. Mapping can be done using paper maps with pens and push pins, or using computer-based technology, such as the UDS mapper, Google Maps, and other online mapping tools.

## CLINICAL OUTREACH SPOTLIGHT

### Using Telehealth to Increase Access to Pediatric Dental Care

As in many rural areas, there is a lack of pediatric dentists practicing in the Finger Lakes Migrant Health Care Project (FLMHCP) service area in Geneva, New York. This gap in service makes transportation and travel time a barrier for migrant children needing oral health care. Through a collaborative dental health project using telehealth, FLMHCP conducts clinical outreach to screen children for cavities at day care sites by partnering with Migrant and Seasonal Head Start (MSHS) programs. A dentist, dental hygienist, and dental assistant go to each MSHS location twice a year with a portable x-ray machine to identify children ages six months to five years with cavities and to provide cleanings. After, FLMHCP sends a letter to the parents of children with cavities, referring them to a pediatric dentistry specialist. A case manager contacts the child's parents to answer questions about insurance, creates an electronic medical record (EMR) entry, and coordinates the transportation logistics of each visit.

The off-site specialist accesses the child's record using the EMR system to review the child's medical history before each consultation appointment. To reduce the amount of travel needed for such visits, FLMHCP offers virtual visits at their own health center sites with off-site specialists using a Tandberg telehealth unit, an intra-oral camera, and a high-definition camera. The visit is conducted just as if the specialist were in the room with the patient. A dental hygienist operates the intra-oral camera, allowing the specialist to see inside the child's mouth. When the cavity has to be physically filled, the child, the child's family, and a case manager from FLMHCP travel together to the specialist.

Through this practice, the percentage of children at FLMHCP completing the course of treatment for cavities has increased from 15% to 95%. Between 2010 and 2012, FLMHCP performed 102 telehealth dental consults on children. Also, FLMHCP's case managers on average save 79 travel miles and 90 minutes per telehealth visit. This practice decreases the number of more complicated and serious dental health issues seen in their patients.

For more information, please see HOP's 10 Years of Innovative Practices: A Collection of Strategies from the Field ([www.outreach-partners.org](http://www.outreach-partners.org)), Page 16.



**HOP Tip:** For health centers engaged in telehealth activities, consider purchasing gap insurance since Federal Tort Claims Act<sup>1</sup> (FTCA) coverage is not guaranteed by the Office of General Counsel (OGC).<sup>2</sup>

## FORMING YOUR TEAM

*You need people who are committed. Everyone involved needs to be in it for the right reasons or else no one would use the services or trust us.*

- Dr. Marcia Pugh, Healthcare on Wheels

The clinical outreach team is at the core of your outreach efforts. They are the ones who will establish contact and credibility with the community, build trust and relationships, provide quality services, and assist with follow-up and continuity of care. Further, given the multiple and often complex needs of underserved communities, it is important that clinical outreach provides integrated care delivered by a coordinated care team with a variety of expertise and skills.

<sup>1</sup> Since its enactment in 1946, the Federal Tort Claims Act (FTCA) has been the legal mechanism for compensating people who have suffered personal injury by the negligent or wrongful action of employees of the U.S. Government <http://bphc.hrsa.gov/ftca/healthcenters/index.html>

<sup>2</sup> The Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing quality representation and legal advice on a wide range of highly visible national issues. <http://www.hhs.gov/ogc/>

## WHAT IS COORDINATED CARE?

The Agency for Healthcare Research and Quality defines care coordination as “...the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services. Organizing care involves the marshaling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care.”<sup>1</sup>

The information gathered about the needs of your community can help identify who you need to be part of your team. For example, your needs assessment findings may have revealed that about half of the families living in public housing in your service area speak Vietnamese as their primary language. As a result, when starting to form your team, including a clinician, outreach worker, or other staff member who speaks Vietnamese and is familiar with the community may make the most sense.

The clinical outreach team can include the following:

- Clinicians (doctor, nurse practitioner, physician assistant, nurse)
- Outreach workers
- Volunteers, such as clinicians and medical students
- Dental assistant and a dentist or a dental hygienist
- Case manager, social worker
- Behavioral health provider
- Language interpreter, as needed
- Primary care services

## Roles and Responsibilities

The core of your clinical outreach team can include at least one clinician who can provide medical services and an outreach worker who will assist both the patient and clinician. Other members of the team may include a social service provider or volunteer. The main roles and responsibilities of your core team include:

- **Clinician:** provides medical services, ensures that all medical protocols are being adhered to, makes referrals, completes and submits patient records, coordinates with other team members. This includes doctors, nurse practitioners, physician assistants, registered nurses, dentists, and dental hygienists.
- **Outreach worker:** engages with the community, assists the clinician and patients, conducts basic screenings once sufficiently trained, assists with follow-ups, completes forms as needed, may oversee and coordinate clinical outreach program, and may provide language interpretation, if applicable. This includes outreach workers, community health workers, and promotores(as).
- **Social service provider:** provides assistance and counseling to clients on a variety of issues, assesses the social needs of clients, helps to make connections to health and social services, assists with building a support network, maintains an ongoing relationship with clients. This includes case managers, social workers, and behavioral health providers.
- **Volunteer:** provides services based on their field of expertise, ranging from community outreach to medical care.

<sup>1</sup> Agency for Health Research and Quality. Web site accessed December 15, 2014: <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/>

For your clinical outreach to run efficiently and maintain continuity, consider appointing a team member to be in charge of coordinating and overseeing your efforts. Consider leveraging the knowledge and expertise of a lead outreach worker or coordinator and have him or her lead this process. Outreach staff have established relationships with the community, are most familiar with the cultural landscape, and can make informed judgments about when and where to conduct clinical outreach.

### Skills and Qualities

No clinical outreach team can thrive without a staff of dedicated and passionate professionals. They are the lifeline that connects the community with services at your organization. When forming your team, consider the skills and qualities that are needed to enhance the effectiveness and proper delivery of your services:

- Cultural and linguistic competence
- Good judgment and intuition
- Non-judgmental attitude
- Balance of friendly and professional
- Compassionate
- Good interpersonal skills
- Team player
- Flexible
- Resourceful
- Sense of humor

## CONSIDER THE COMMUNITY'S CONTEXT

*For those chronically homeless or unsheltered, it's so hard for them to grapple with accessing health care. It is not a priority. Survival is taking higher priority...all of those things are factors making it difficult to stay on top of health maintenance.*

- John Gilvar, King County Mobile Medical Care Program

Underserved communities often face a complex array of challenges that impact their health and well-being. When providing clinical outreach, it is common to find yourself treating the immediate health need of a patient in that moment. For example, a male patient who is experiencing homelessness may come to see you because a wound on his arm has become infected. After treating the patient, you may advise him to keep the wound clean and dry for at least a week. Yet the patient is unsheltered, making it difficult for him to do so. Although he has been able to access care, the same circumstances that affect his health and well-being still exist for him.<sup>1</sup> Thus, being aware of the context in which your patients and communities live can help you provide care that is responsive to their specific needs. Employing cultural humility is a way to prepare you and your team to effectively and respectfully work together with your communities.

### WHAT IS CULTURAL HUMILITY?

Cultural humility is based on the belief that committing yourself to being a lifelong learner, becoming a reflective practitioner, and redressing the power imbalances in the patient-provider dynamic<sup>2</sup> can help you to provide optimum care to diverse persons. Cultural humility offers a fluid approach, recognizing that beliefs, ideas, and behaviors of people are always changing, so it is important to remain mindful of this and continue to be open to learning.

<sup>1</sup> Taken from interview with John Gilvar, King County Mobile Medical Care Program. January 22, 2015.

<sup>2</sup> Tervalon M. and Murray-Garcia J. (1998) Cultural humility versus cultural competent: a critical distinction in defining physician training outcomes in multicultural education. *J Health Care Poor Underserved*; 9(2): 17-25.

Given their direct relationship and knowledge of the community, outreach workers can provide a unique perspective on the community context of your patients for your clinical outreach team and health center. They can serve as the bridge between the community and your health center. Build upon the rapport and trust that outreach has formed in the community. For example, consider having your clinical outreach team start its activities by going to the same places where existing outreach activities take place.<sup>1</sup> Remember that cultivating and preserving long-term relationships with the community should be a priority, and by considering the community context and maintaining a level of humility and awareness in your approach you can help to foster credibility and trust in the services you provide and in your health center.

### CULTURAL HUMILITY VS. CULTURAL COMPETENCY

Keep in mind that cultural humility is different than cultural competency. While cultural humility is applied at the individual level, cultural competency looks at the system level, such as policies, standards, and procedures. Employing cultural humility can be most effective when it is embedded in the efforts of your health center to provide culturally competent care. Thus, your health center sets the standards for cultural competency as the foundation of all services provided, including clinical outreach.

For a framework on providing culturally and linguistically appropriate services for health care organizations, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (known as the National CLAS Standards) at [www.thinkculturalhealth.hhs.gov/Content/clasvid.asp](http://www.thinkculturalhealth.hhs.gov/Content/clasvid.asp).

## ENGAGING IN COLLABORATIONS

*Street relationships need to be built through outreach partners. I first went out with a guy who had been handing out blankets...there was already a team doing outreach, so you layer into that.*

- Dr. Jim Withers, Street Medicine Institute

One of the major strengths of outreach is the trust and relationships it builds with individuals, groups, and organizations in the community. Thus, engaging in collaborations with different community partners can be beneficial for your clinical outreach efforts. Collaborations can increase access to specific communities your health center may not have been able to reach alone, and reduce chances of duplicating efforts or wasting valuable time and resources.

Consider partnering with organizations that can provide you a fixed space to conduct clinical outreach, such as churches, shelters, food banks, and community centers. You may also partner with specific individuals who have community connections, such as growers for access to agricultural workers' camps, local housing authorities to access those living in public or low-cost housing, or shelters for people experiencing homelessness. Engaging in a formal partnership with a local health department, agency, or hospital can provide structural or financial support. For example, some programs establish a mobile health unit through a hospital's community benefits program or form a broad coalition of health centers to provide services collectively in defined geographic areas.



**HOP Tip:** Consider inviting potential partners or funders to come out and see your activities during clinical outreach. Often times, observing firsthand can be a powerful experience and provides a picture that may not translate in writing or in a presentation..

<sup>1</sup> Taken from Interview with John Gilvar, King County Mobile Medical Care Program. January 22, 2015.

## DEVELOPING A BUDGET

When planning the structure for clinical outreach, it is important to develop a budget that lays out what will be needed in terms of resources and staff time to implement your efforts. See a sample budget for clinical outreach below. Creating a budget will help to identify how to appropriately allocate your resources, as well as how to integrate clinical outreach within the overall budget of your health center. Additionally, knowing the costs will be important for reporting to funders and for future grant proposals.

The budget may include the following:

- Services to be provided
- Staffing, possible staff overtime cost
- How much staff time will be required
- Transportation costs, including gas and regular maintenance
- The number of days of operation per month
- Stipends for volunteers or sharing costs with partners
- Insurance costs, including liability and vehicle
- Cost of materials or supplies, including electronic devices and medical equipment

## Sample Budget for Clinical Outreach: Monthly Budget

KEY AREAS	TASKS & MATERIALS	# OF HOURS (ESTIMATED)	STAFF RATE (PER HOUR)	OTHER COST	OTHER COST DESCRIPTION	TOTAL COST
MOBILE VAN TO SHELTER #1	<b>STAFFING:</b>					
	Physician's assistant	20	\$60			\$1,200
	Outreach Worker	30	\$25			\$750
	Case Manager	20	\$40			\$800
	<b>TRANSPORTATION:</b>					
	Gas			\$600	Monthly	\$600
	Maintenance			\$250	Monthly	\$250
	Insurance			\$175		\$175
	<b>MATERIALS:</b>					
	Laptop			\$84	\$1,000 (once)	\$800
	<b>Subtotal:</b>					

Remember to be realistic about the costs and time that will be spent on your clinical outreach activities, so that you do not underestimate and end up not having enough funding to continue your efforts.

# Clinical Outreach Budget Template

YEAR \_\_\_\_\_

KEY AREAS	TASKS & MATERIALS	# OF HOURS (ESTIMATED)	STAFF RATE (PER HOUR)	OTHER COST	OTHER COST DESCRIPTION	TOTAL COST
<b>1.</b>						
	<b>Subtotal:</b>					
<b>2.</b>						
	<b>Subtotal:</b>					
<b>3.</b>						
	<b>Subtotal:</b>					

## DEVELOPING PROTOCOLS FOR CLINICAL OUTREACH

Protocols formalize systems by enabling your team to conduct outreach consistently, which is critical to ensuring quality and continuity. There are specific protocols that will likely need to be customized for the outreach setting, including guidelines on providing care, managing patient interactions, safety precautions, referrals, and handling equipment and materials. Be sure that the clinical outreach protocols match the structure and format of the other protocols in your health center. Check to see if there is an existing protocol template available.

Protocols can address the following:

- Defining the roles and responsibilities of each clinical outreach team member
- Ensuring the safety of the team while in the outreach setting
- Maintaining confidentiality of the patients
- Handling potential problems during outreach

### PRIVACY REQUIREMENT

All health centers have specific privacy requirements they must adhere to. These requirements are applicable anytime clinical services are being provided, including during clinical outreach. While planning your clinical outreach activities, it is important to review the existing privacy requirements at your organization. Pay special attention to how to address the specific concerns that arise when conducting services outside of the health center.

To review HIPAA privacy rules, visit: [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/).

Since clinical outreach activities require coordinating between departments, make sure to include the directors of those departments in reviewing your protocols. For example, if a protocol is developed around providing diabetes blood sugar testing with a nurse practitioner at homeless encampments in the evenings, share a draft of it with the Medical Director, who supervises the clinicians. Seeking input on protocols in coordination with other departments helps to ensure that they appropriately complement existing protocols and do not contradict them. Submit your protocols to the appropriate supervisors, department heads, or administrators for approval. Finally, consider carrying a copy of the protocols with the team during clinical outreach, so they can reference it as needed.



#### HOP Tips

**Update Your Protocols:** Remember to update your protocols. Consider scheduling a review of the clinical outreach protocols for the same time every year. Choose a time of year that is the least busy for your outreach team to do this. Remember to document the date that you conducted your review of a protocol and also when the next review is due. State on each protocol “Updated (month)/(year)” each time you review it and also include a space that states “Next review due (month)/(year).”

**Liability Issues:** Consider how to protect your team from liability issues that can occur during clinical outreach. Determine the type of coverage that is already in place or what will be needed. For more information, please see Farmworker Justice’s Risk Management Policies on Off-Site Care and Migrant Clinicians Network - Health Center Policies and Procedures.

## Sample Clinical Outreach Protocol

**POLICY TITLE:** Safety Protocols for Clinical Outreach Team  
Sunnydale Health Center  
*Updated January 2015*  
*Next Review Due January 2016*

**POLICY STATEMENT:** The safety of the Sunnydale Health Center (SHC) staff or designated representatives, including volunteers, during clinical outreach is a high priority and the responsibility of each team member. In accordance with SHC's policies and standards, each team member is required to adhere to the safety protocols put forth during clinical outreach in order to prevent or minimize any harm occurring to team members, patients, and other bystanders.

This policy applies to all clinicians, outreach workers, social service providers, and volunteers who enter and work in SHC's clinical outreach designated areas, including the mobile van, fixed sites, on the streets, in camps and housing units, and any other relevant sites for clinical outreach.

### PROTOCOLS:

#### A. Goal:

- To maintain the safety of the SHC's staff during clinical outreach
- To prevent or minimize any harm occurring to staff and patients during clinical outreach

#### B. Steps:

- The clinical outreach team must develop a safety action plan ("The Plan"). A hard copy of The Plan must be on the mobile van each time clinical outreach is being conducted.
- Each clinical outreach team member ("The Team") must complete a training on The Plan.
- Maintaining communication among The Team is required during clinical outreach.
- A safety word ("The Code") will be used by any member of The Team in a circumstance or situation where any team member is feeling unsafe. Once The Code is used, The Team will gather and leave the site immediately.
- Each team member must inform the team leader of their activities, particularly if he/she is leaving to conduct services outside the mobile van.
- The Team must follow the protocols outlined in The Plan.
- There must always be at least 2 team members in the mobile van at all times. Permitting only one team member to remain in the mobile van alone is a violation of SHC's safety policies.
- There must always be at least 2 team members traveling together when visiting sites on foot and on the streets.
- All team members must wear their name badges visibly on their person during clinical outreach.

Failure to adhere to SHC's safety protocols during clinical outreach is deemed a violation of SHC's policies. Those in violation are subject to disciplinary action up to and including termination.

## Clinical Outreach Protocol Template

**POLICY TITLE:** [insert title of policy]  
[insert name of health center]  
*Updated [insert Month and Year]*  
*Next Review Due [insert Month and Year]*

**POLICY STATEMENT:**

**PROTOCOLS:**

A. Goal:

- 
- 
- 

B. Steps:

- 
- 
- 
- 
- 

[Insert final statement on your organization’s stance on violation of protocols]

## KEEPING TRACK OF HEALTH INFORMATION

Keeping complete and current health records of the patients being served is an important aspect of clinical outreach and risk management. Consistent recordkeeping helps to provide appropriate care and maintain continuity of care, while also being able to track clinical outcomes. Your team will need this information as well as a systematic process for checking on referrals, lab tests, and prescribed medications. Your health center will also need this information for those patients who seek follow-up services at your center and for organizational planning and reporting purposes.

Keep in mind that some of the populations who are often served by clinical outreach are highly transient, which may result in a low rate of return. Nevertheless, the information collected from all those seen during clinical outreach can help to provide a picture of the “needs” of those who are using your outreach services. For example, the King County Mobile Medical Care Program holds a case conferencing meeting twice a month, where the team reviews their records to identify those who have a mental health need. With this information, they hired their own social worker with experience in mental health to be part of their clinical team in order to facilitate a faster way for patients to overcome the barriers to getting access to care.

Protocols can address the following:

- Link to the health center’s electronic medical records/electronic health records (EMR/EHR) system
- Collect information on laptop, tablets, smartphones, or paper and later enter into the health center’s EMR
- Link to the records of other key health and social services providers by establishing partnerships
- Establish EMR template specifically for clinical outreach

Regardless of the method used, clearly plan out beforehand the type of recordkeeping system that will be most effective. This will be crucial to successfully integrating the work that the clinical outreach team does into your health center’s operations and demonstrate the impact of outreach efforts on patients’ health and clinical outcomes. Effective tracking systems will also mitigate risk.

## CLINICAL OUTREACH SPOTLIGHT

### Electronic Health Records Ease Outreach and Clinical Care

Community Health Service, Inc. (CHSI) implemented an electronic health record and practice management system throughout all of its clinics, including the mobile units. Serving rural communities in Minnesota, CHSI saw the need for easier registration and medical record access in order to provide better care to patients. As outreach workers would find and register groups of agricultural workers, it was often difficult to locate their medical records. Also, as this extremely mobile migratory population moved to find work in different areas, their charts were often at a different location than where they needed services, resulting in a delay of care until the necessary information was received.

CHSI’s electronic health records and practice management system, which handles day-to-day medical operations, allow all information to be available at the fingertips of outreach workers and clinicians. They are able to access information such as patient lab results, medical problems, medication lists, when the patient is due for screenings, and possible drug interactions. As patients leave CHSI’s service area, they are given a print out of their chart summary to give to their home-base providers for continuity of care. All of these factors allow patients to get care in a more timely fashion, no matter where they go.

Please see the Innovative Outreach Practice Report 2010, page 22, on HOP’s website, [www.outreach-partners.org](http://www.outreach-partners.org).

## CONCLUSION

Clinical outreach can contribute to your health center's mission of providing essential health care services to underserved populations. By reducing barriers and bringing care directly to the community, your health center has the opportunity to reach those who face enormous challenges in seeking care but are in most need of it. Whether your clinical outreach efforts are small or large scale, you are taking a significant step in improving the health of your community.